

# COUNTY *of* HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE  
Hidalgo County Administration Building  
2808 South Business Highway 281  
Edinburg, Texas 78539-6243  
PHONE: (956) 318-2511  
FAX: (956) 318-2577  
WEBSITE: [www.co.hidalgo.tx.us/auditor](http://www.co.hidalgo.tx.us/auditor)

February 21, 2017

The Honorable Ramon Garcia, Hidalgo County Judge  
The Honorable David Fuentes, Commissioner, Precinct No. 1  
The Honorable Eduardo "Eddie" Cantu, Commissioner, Precinct No. 2  
The Honorable Jose M. Flores, Commissioner, Precinct No. 3  
The Honorable Joseph Palacios, Commissioner, Precinct No. 4

## RE: Certification of Revenue

Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.0706 SPECIAL BUDGET FOR GRANT OR AID MONEY:


The county auditor shall certify to the commissioners' court the receipt of all public or private grant or aid money that is available for disbursement in a fiscal year but not included in the budget for that fiscal year. On certification, the court shall adopt a special budget for the limited purpose of spending the grant or aid money for its intended purpose.

I, Ray Eufracio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Tropical Texas Behavioral Health. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT  
\$ 15,000.00

PURPOSE  
Assistive Outpatient Treatment Program  
District Attorney

CERTIFIED BY:

  
\_\_\_\_\_  
Raymundo Eufracio, CPA  
Hidalgo County Auditor

\_\_\_\_\_  
Date

### HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY  
JUDGE, 92<sup>nd</sup> D.C.

RODOLFO DELGADO  
JUDGE, 93<sup>rd</sup> D.C.

J. R. "BOBBY" FLORES  
JUDGE, 139<sup>th</sup> D.C.

ROSE GUERRA REYNA  
JUDGE, 206<sup>th</sup> D.C.

JUAN R. PARTIDA  
JUDGE, 275<sup>th</sup> D.C.

MARIO E. RAMIREZ, JR.  
JUDGE, 332<sup>nd</sup> D.C.

NOE GONZALEZ  
JUDGE, 370<sup>th</sup> D.C.  
OVERSEER

LETICIA LOPEZ  
JUDGE, 389<sup>th</sup> D.C.

L. KENO VASQUEZ  
JUDGE, 398<sup>th</sup> D.C.

ISRAEL RAMON, JR.  
JUDGE, 430<sup>th</sup> D.C.

RENEE R. BETANCOURT  
JUDGE, 448<sup>th</sup> D.C.

AI-58535

District Attorney 7. C.

CC - REGULAR

Meeting Date: 02/21/2017

Submitted For: Rosie Cantu, DISTRICT ATTORNEY

Submitted By: Sylvia Solis, DISTRICT ATTORNEY

Department: DISTRICT ATTORNEY

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Information

CAPTION

District Attorney - TTBH:

1. Discussion, consideration and approval to enter into an Interlocal Agreement between Tropical Texas Behavioral Health and Hidalgo County by and through the Hidalgo County District Attorney's Office.
2. Authorization for County Judge, as authorized official, to sign the Interlocal Agreement award and related documents.
3. Approval of Certification of Revenues by the County Auditor in the amount of \$15,000.00.
4. Approval of appropriation of funds.
5. Authorization to pay supplemental pay in the amount of \$11,800.00 to employee No.106011 reimbursable under the Interlocal Agreement terms and conditions, effective upon Commissioners' Court approval..
6. Approval to revise salary schedule in accordance with Commissioners' Court Approval.

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BACKGROUND

Fiscal Impact

Attachments

Interlocal Agreement

Legal Approval

PAR FORM

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Form Review

<u>Inbox</u>	<u>Reviewed By</u>	<u>Date</u>
Budget & Management	Veronica Ortiz	02/15/2017 08:55 AM
Linda Flores	Veronica Ortiz	02/15/2017 10:07 AM
Human Resources	Diana Munoz	02/16/2017 11:53 AM
Final Approval		
Form Started By: Sylvia Solis		Started On: 02/14/2017 03:54 PM

**Rossana Schettino**

---

**From:** Sylvia Solis [sylvia.solis@da.co.hidalgo.tx.us]  
**Sent:** Wednesday, February 15, 2017 9:28 AM  
**To:** ray.eufracio@auditor.co.hidalgo.tx.us  
fong, linda; deborah.fischer@auditor.co.hidalgo.tx.us;  
**Cc:** rossana.schettino@auditor.co.hidalgo.tx.us; Cantu, Rosalinda; garza, victor  
**Subject:** Certification of Revenues  
**Attachments:** AI-58535.pdf

Good morning Mr. Eufracio,

Please allow this email to serve as a formal request for Certification of Revenues in the amount of \$15,000.00 for the Tropical Texas Behavioral Health. An agenda item no. 58535 was created to take before Commissioners' Court on February 21, 2017.

Please let me know if there is anything else needed on my behalf to complete the process in certifying these revenues.

Thank you for your assistance with this time sensitive matter.

*Sylvia Solis*

Accountant IV  
Office of the Criminal District Attorney  
Ricardo Rodriguez, Jr.  
Hidalgo County, Texas  
100 East Cano  
Edinburg, TX 78539  
(956) 292-7604, Ext. 8084  
(956) 318-2078, Fax  
sylvia.solis@da.co.hidalgo.tx.us

CONFIDENTIALITY NOTICE

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**INTERLOCAL AGREEMENT  
BETWEEN  
TROPICAL TEXAS BEHAVIORAL HEALTH  
AND  
THE COUNTY OF HIDALGO, BY AND THROUGH THE HIDALGO COUNTY  
CRIMINAL DISTRICT ATTORNEY'S OFFICE**

This Interlocal Agreement, "Agreement," is made and entered on the date set forth below by and for Tropical Texas Behavioral Health (hereinafter referred to as "TTBH") and the County of Hidalgo by and through the Hidalgo County Criminal District Attorney's Office (hereinafter referred to as the "County") pursuant to the provisions of the Texas Interlocal Cooperation Act, Texas Government Code 791.001 et seq. (hereinafter referred to as the "Act"), as follows:

**WITNESSETH**

**WHEREAS**, TTBH is a political subdivision of the State of Texas, and a community mental health center under the provisions of section 534.001 of the Health and Safety Code, whose primary purpose is to assist individuals with mental health needs;

**WHEREAS**, the County, by and through the Hidalgo County Criminal District Attorney's Office is a unit of "local government" as defined by the Act, and a political subdivision of the State of Texas;

**WHEREAS**, the Assistive Outpatient Treatment program (hereinafter referred to as "AOT") will provide the counties served with a means for delivering medically prescribed mental health treatment to individuals living in the community under the terms of a local court order for such treatment;

**WHEREAS**, TTBH was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) Grant (hereinafter referred to as the "Grant") to fund this program, of which certain funds may be expended to support the AOT program;

**WHEREAS**, the purpose of this Grant is to identify individuals that may have mental illness and/or co-occurring substance abuse disorders that could be subject to criminal prosecution and in lieu of incarceration or further prosecution refer these individuals to community based behavioral health services; and

**WHEREAS**, the Grant permits TTBH to engage in contractual arrangements to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the Grant, including consultation for professional advice and services.

**WHEREAS**, the Grant allows counties to use funds received as compensation for professional advice or program services provided while participating in the AOT approved by TTBH and SAMHSA;

**WHEREAS**, the Grant requires any contract recipient accepting funding from the Grant through a contract or agreement to comply with terms and conditions more particularly described in this agreement.

**WHEREAS**, TTBH and the County are authorized to enter into this agreement pursuant to the Act, which authorizes local governmental agencies to contract with political subdivisions of the State to perform governmental functions and services under the terms of the Act.

**NOW, THEREFORE, TTBH and the County**, in consideration of the premises and the mutual covenants and undertakings herein contained, agree as follows:

### **OBJECTIVES AND GOALS**

The Hidalgo AOT program shall screen at least 100 referrals annually and serve at least 65 unduplicated clients annually, or a total of at least 250 unduplicated clients over the life of the grant cycle. The program will offer a variety of comprehensive behavioral health services including Cognitive Behavioral Therapy, Case Management, Psychiatry and Psychiatric Medication Management services, Crisis Intervention, Supported Employment and Housing services, and Rehabilitative and Skills Training and Development services. At least 90% or 59 unduplicated clients will participate in Person-Centered Recovery Planning ("PCRP") annually. At least 75% or 49 unduplicated clients will be compliant with their PCRP annually. Other expected outcomes are reduction in the incidence and duration of hospitalizations, and reduction in the rate of arrests and incarcerations. Community outcomes include but are not limited to a decrease in the crime rate of the seriously mentally ill and significant community cost savings.

### **SECTION I RESPONSIBILITIES OF COUNTY**

- 1.1 County shall designate an Assistant Criminal District Attorney (ADA) to serve as a member of the AOT Team (hereinafter referred to as the "Team"), and will maintain ongoing communication with all Team members.
- 1.2 County shall identify and refer individuals subject to criminal prosecution who may be appropriate candidates to receive AOT services funded through the Grant.
- 1.3 County shall submit monthly reports to TTBH describing progress toward meeting each program objective.
- 1.4 County shall complete and submit applicable reports to TTBH as mandated by, and for submission to, SAMHSA to pass critical judgment on the features of the work.
- 1.5 County designated Assistant Criminal District Attorney shall perform work in accordance with generally accepted standards currently in use with similar type projects.

- 1.6 County shall coordinate with TTBH to review and examine the County's work and records pertaining to this project.
- 1.7 County shall comply with all terms and conditions of the Grant, as applicable to County.

## **SECTION II RESPONSIBILITIES OF TTBH**

- 2.1 TTBH will provide the services of a Psychiatrist, Licensed Practitioner of the Healing Arts (LPHA), Qualified Mental Health Professionals of Community Services (QMHP-CS), and a Licensed Vocational Nurse (LVN), who will provide clinically indicated behavioral health services to AOT clients. These individuals will be members of the AOT Team and will maintain on-going communication with all Team members. As the lead agency, provide programmatic and financial oversight of the Grant.
- 2.2 Compensation. TTBH will serve as the fiscal conduit for the Grant. TTBH agrees to pay the County for delivery of professional advice and services to carry out a portion of the programmatic effort described according to the terms and conditions set forth in Section 1. TTBH shall make payment within 30 days of receipt of the invoice from the County. Invoices shall specifically detail the County's claim including all services set forth in Section 1 which have been fully performed.
  - Base Compensation shall be defined as compensation for services provided and applicable fringe benefits. The maximum entitlement for compensation for County ADA services to the AOT Team shall not exceed \$15,000 in any one year.
- 2.3 Provide technical assistance to the partnering agency.
- 2.4 Compile and submit reports to SAMHSA to pass critical judgment on the features of the work.
- 2.5 Perform work in accordance with generally accepted standards currently in use with similar type projects.
- 2.6 Comply with all terms and conditions of the Grant.
- 2.7 Furnish all labor in connection with, and performing all professional services necessary to, conduct and complete the applicable portion of the project as defined in this section of the Agreement.

1.6 County shall coordinate with TTBH to review and examine the County's work and records pertaining to this project.

1.7 County shall comply with all terms and conditions of the Grant, as applicable to County.

## SECTION II RESPONSIBILITIES OF TTBH

2.1 TTBH will provide the services of a Psychiatrist, Licensed Practitioner of the Healing Arts (LPHA), Qualified Mental Health Professionals of Community Services (QMHP-CS), and a Licensed Vocational Nurse (LVN), who will provide clinically indicated behavioral health services to AOT clients. These individuals will be members of the AOT Team and will maintain on-going communication with all Team members. As the lead agency, provide programmatic and financial oversight of the Grant.

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2.3 Provide technical assistance to the partnering agency.

2.4 Compile and submit reports to SAMHSA to pass critical judgment on the features of the work.

2.5 Perform work in accordance with generally accepted standards currently in use with similar type projects.

2.6 Comply with all terms and conditions of the Grant.

2.7 Furnish all labor in connection with, and performing all professional services necessary to, conduct and complete the applicable portion of the project as defined in this section of the Agreement.

- 3.8 Liability. Each party to this Agreement will be responsible for its own actions in providing services under this Agreement and shall not be liable for any civil liability that may arise from the furnishing of the services by the other party.
- 3.9 Immunities. Nothing in this Agreement is intended to and Parties do not hereby waive, release or relinquish any right to assert any of the defenses the Parties may enjoy by virtue of the State or Federal Constitution, laws, rules or regulations, and any sovereign, official or qualified immunity available to the Parties as to any claim or action of any person, entity, or individual against the Parties.
- 3.10 Notices. All notices, demands, requests, or replies for or permitted by a party under this Agreement must be in writing and shall be by registered or certified United States mail or by a recognized commercial carrier or delivery services as follows:

**COUNTY OF HIDALGO:**

C/O Office of Criminal District Attorney  
Ricardo Rodriguez, Jr.  
100 East Cano  
Edinburg, Texas 78539

**TROPICAL TEXAS BEHAVIORAL HEALTH:**

Terry Crocker, Executive Director  
1901 S. 24th Avenue  
Edinburg, Texas 78539

- 3.11 Current Revenues. Each party paying for the performance of governmental services pursuant to this Agreement must make those payments from current revenues available to the paying party.
- 3.12 Compliance with Laws. All parties agree to comply with all applicable city, state, and federal laws, regulations, and rules that may pertain to each party's performance under this Agreement.
- 3.13 Amendment. This Agreement may be amended only by written agreement approved by each respective governing body at a noticed meeting and signed by the authorized representative.
- 3.14 Severability. If a court of competent jurisdiction determines that any term of this Agreement is invalid or unenforceable to any extent under applicable law, the remainder of this Agreement (and the application of this Agreement to other circumstances) shall not be affected thereby, and each remaining term shall be valid and enforceable to the fullest extent permitted by law.

**SECTION III  
AGREEMENTS BETWEEN TTBH AND COUNTY**

- 3.1 Term. This Agreement shall be effective **February 21, 2017** and shall expire on **February 21, 2018**. Notwithstanding any other provision herein to the contrary, this Agreement's implementation and continuation are contingent upon the availability of funds appropriated under this Agreement and being made available to TTBH. This Agreement may be automatically renewed annually based on mutual agreement of all parties. This Agreement may be terminated without cause at any time with 30 days' written notice to the other party. This Agreement shall terminate immediately upon expiration or termination of Grant.
- 3.2 Captions and Headings. The captions and headings used herein are for convenience only and do not limit the contents of this Agreement.
- 3.3 Privacy/Confidentiality/Use of Medical Information. That certain information, reports, and data created under this Agreement are subject to applicable privacy and confidentiality of medical information and medical record laws, and the parties agree to comply in all material respects with such laws. The parties also agree to take any and all reasonable precautions to prevent disclosure or misuse of any and all medical information, records, reports, and data resulting from this Agreement for any purpose unrelated to providing services consistent with Grant and which are unrelated to the administration of this Agreement.
- 3.4 Additional Documents. The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Agreement.
- 3.5 Entire Agreement. This Agreement, including any exhibits or amendments shall constitute the entire agreement of the parties concerning the provision of services and supersedes all prior and contemporaneous representations, statements, understandings, negotiations, and agreements, either oral or in writing, between the parties hereto with respect to the subject matter herein and all such prior or contemporaneous representations, statements, understandings, negotiations, and agreements, both oral and written, are hereby terminated upon the effective date of this Agreement.
- 3.6 Nondiscrimination: Contractor/Vendor, including subcontractors, assignees and successors in interest, ensures that no person shall on the grounds of race, religion, color, national origin, sex, age, disability, or any other protected class under law, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation in any federally or non-federally funded program or activity when providing any services described herein under this contract/agreement.
- 3.7 Controlling Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

3.8 Liability. Each party to this Agreement will be responsible for its own actions in providing services under this Agreement and shall not be liable for any civil liability that may arise from the furnishing of the services by the other party.

3.9 Immunities. Nothing in this Agreement is intended to and Parties do not hereby waive, release or relinquish any right to assert any of the defenses the Parties may enjoy by virtue of the State or Federal Constitution, laws, rules or regulations, and any sovereign, official or qualified immunity available to the Parties as to any claim or action of any person, entity, or individual against the Parties.

3.10 Notices. All notices, demands, requests, or replies for or permitted by a party under this Agreement must be in writing and shall be by registered or certified United States mail or by a recognized commercial carrier or delivery services as follows:

**COUNTY OF HIDALGO:**

C/O Office of Criminal District Attorney  
Ricardo Rodriguez, Jr.  
100 East Cano  
Edinburg, Texas 78539

**TROPICAL TEXAS BEHAVIORAL HEALTH:**

Terry Crocker, Executive Director  
1901 S. 24th Avenue  
Edinburg, Texas 78539

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- 3.4 Additional Documents. The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Agreement.
- 3.5 Entire Agreement. This Agreement, including any exhibits or amendments shall constitute the entire agreement of the parties concerning the provision of services and supersedes all prior and contemporaneous representations, statements, understandings, negotiations, and agreements, either oral or in writing, between the parties hereto with respect to the subject matter herein and all such prior or contemporaneous representations, statements, understandings, negotiations, and agreements, both oral and written, are hereby terminated upon the effective date of this Agreement.
- 3.6 Nondiscrimination: Contractor/Vendor, including subcontractors, assignees and successors in interest, ensures that no person shall on the grounds of race, religion, color, national origin, sex, age, disability, or any other protected class under law, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation in any federally or non-federally funded program or activity when providing any services described herein under this contract/agreement.
- 3.7 Controlling Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

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**COUNTY OF HIDALGO:**

C/O Office of Criminal District Attorney  
Ricardo Rodriguez, Jr.  
100 East Cano  
Edinburg, Texas 78539

**TROPICAL TEXAS BEHAVIORAL HEALTH:**

Terry Crocker, Executive Director  
1901 S. 24th Avenue  
Edinburg, Texas 78539

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**AGREED, SIGNED, and ENTERED** by the duly authorized officers of the County of Hidalgo and Tropical Texas Behavioral Health on the dates hereinafter indicated.

**COUNTY OF HIDALGO, TEXAS**

Ramon Garcia, Hidalgo County Judge

**TROPICAL TEXAS BEHAVIORAL HEALTH**

W. Terry Crocker, Chief Executive Officer

ATTEST:

By:

Arturo Guajardo, Jr., Hidalgo County Clerk

Approved by Commissioners Court on: \_\_\_\_\_

Approved as to form:

Office of Criminal District Attorney  
Ricardo Rodriguez, Jr.

By: Victor M. Garza, Assistant District Attorney



Sylvia Solis <[sylvia.solis@da.co.hidalgo.tx.us](mailto:sylvia.solis@da.co.hidalgo.tx.us)>

## AOT INTERLOCAL

1 message

Victor Garza <[victor.garza@da.co.hidalgo.tx.us](mailto:victor.garza@da.co.hidalgo.tx.us)>  
To: Sylvia Solis <[sylvia.solis@da.co.hidalgo.tx.us](mailto:sylvia.solis@da.co.hidalgo.tx.us)>, Rosalinda Cantu <[rosalinda.cantu@da.co.hidalgo.tx.us](mailto:rosalinda.cantu@da.co.hidalgo.tx.us)>

Tue, Feb 14, 2017 at 4:24 PM

Our office has reviewed the proposed interlocal between the County (DA) and TTBH, and at this time approve as to form.

respectfully,

Victor M. Garza  
Assistant District Attorney  
Civil Division

**Office of the Criminal District Attorney**  
Hidalgo County, Texas  
100 East Cano Street  
Edinburg, Texas 78539

(956) 292-7609 EXT. 8185  
(956) 292-7619 FAX

[victor.garza@da.co.hidalgo.tx.us](mailto:victor.garza@da.co.hidalgo.tx.us)

\*\*\*\*\*

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**Department of Health and Human Services  
Substance Abuse and Mental Health Services  
Administration**

**Assisted Outpatient Treatment Grant Program for Individuals  
with Serious Mental Illness**

**(Short Title: Assisted Outpatient Treatment [AOT])**

(Initial Announcement)

**Funding Opportunity Announcement (FOA) No. SM-16-011**

Catalogue of Federal Domestic Assistance (CFDA) No: 93.997

**PART 1: Programmatic Guidance**

[Note to Applicants: This document must be used in conjunction with SAMHSA's "Funding Opportunity Announcement (FOA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements". PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You must use both documents in preparing your application.]

**Key Dates:**

<b>Application Deadline</b>	Applications are due by June 16, 2016.
<b>Intergovernmental Review (E.O. 12372)</b>	Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2016 Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness (Short title: Assisted Outpatient Treatment [AOT]). This 4-year pilot program is intended to implement and evaluate new AOT programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI). This program is designed to work with families and courts to allow these individuals to obtain treatment while continuing to live in the community and their homes.

<b>Funding Opportunity Title:</b>	Assisted Outpatient Treatment (AOT) Grant Program for Individuals with Serious Mental Illness
<b>Funding Opportunity Number:</b>	SM-16-011
<b>Due Date for Applications:</b>	June 16, 2016
<b>Anticipated Total Available Funding:</b>	\$13,250,000
<b>Estimated Number of Awards:</b>	Up to 15 awards
<b>Estimated Award Amount:</b>	Up to \$1 million per year
<b>Cost Sharing/Match Required</b>	No
	[See Section III-2 of this FOA for cost sharing/match requirements.]
<b>Length of Project Period:</b>	Up to four years

**Eligible Applicants:**

Eligible Applicants are: states, counties, cities, mental health systems (including state mental health authorities), mental health courts, or any other entity with authority under the law of the state in which the applicant is located to implement, monitor, and oversee AOT programs. Applicants must operate in jurisdictions that have in place an existing, sufficient array of services for individuals with serious mental illness (SMI), such as Assertive Community Treatment (ACT), mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management and trauma informed care.

[See Section III-1 of this FOA for complete eligibility information.]

**Be sure to check the SAMHSA website periodically for any updates on this program.**

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2016 Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness (Short title: Assisted Outpatient Treatment [AOT]). This 4-year pilot program is intended to implement and evaluate new AOT programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI). This program is designed to work with families and courts, to allow these individuals to obtain treatment while continuing to live in the community and their homes.

This pilot program was established by the Protecting Access to Medicare Act of 2014 (PAMA), Section 224, that was enacted into law on April 1, 2014. Within the Act, AOT is defined as “medically prescribed mental health treatment that a patient receives while living in a community under the terms of a law authorizing a state or local court to order such treatment.”

Grants will be awarded only to applicants that have **not** previously implemented an AOT program. “Not previously implemented” means that even though the state may have an AOT law, the eligible applicant has not fully implemented AOT approaches through the courts within the jurisdiction that they are operating in.

In addition, grants will be awarded only to applicants operating in jurisdictions that have in place an existing, sufficient array of services for individuals with SMI such as Assertive Community Treatment (ACT), mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management, and trauma informed care. A portion of the grant funding may be used to enhance the array of services.

AOT (also known as involuntary outpatient commitment, conditional release, and other terms) involves petitioning local courts to order individuals to enter and remain in treatment within the community for a specified period of time. AOT is intended to facilitate the delivery of community-based outpatient mental health treatment services to individuals with SMI that are under court order, as authorized by state mental health statute.

The AOT grant program aligns with SAMHSA's Strategic Initiatives on Trauma and Justice and Recovery Support. For more information on SAMHSA's six strategic initiatives, you can visit <http://www.samhsa.gov/about-us/strategic-initiatives>.

The AOT grant program is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the fourth month of the project at the latest.

AOT grants are authorized under Section 224 of PAMA. SAMHSA has consulted with the National Institute of Mental Health (NIMH), the Department of Justice (DOJ), the HHS Assistant Secretary of Planning and Evaluation (ASPE), and the Administration for Community Living (ACL) on the FOA. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

## **2. EXPECTATIONS**

Grantees will be expected to:

- Implement and evaluate new AOT programs.
- Form partnerships between the behavioral health entities that provide an array of evidence-based treatment and the criminal justice system, including the courts.
- Have in place an array of trauma informed, community-based services that will have been offered to the individual prior to petitioning the individual to AOT.

It is also expected that key staff will contribute to the programmatic development or execution of your project in a substantive, measurable way. The key staff for this program will be the Project Director and Evaluator.

### **Required Activities:**

Grantees will implement and operate new AOT programs in accord with the specifications of this FOA as well as all relevant federal, state, and local laws governing involuntary outpatient mental health treatment and the civil rights of individuals with disabilities, including the right to live and receive treatment and services in the most fully-integrated, least restrictive environment. AOT programs funded with this grant will be required to:

- Evaluate the medical and social needs of individuals participating in the program.
- Prepare and execute evidence-based, person-centered, treatment plans based on the Secretary's guidance on person-centered planning (see the Secretary's Guidance on Implementing Section 2402(a) of the Affordable Care Act [http://www.acl.gov/NewsRoom/blog/2014/2014\\_07\\_09.aspx](http://www.acl.gov/NewsRoom/blog/2014/2014_07_09.aspx)) that ensures access

to treatment (including medication and/or psychosocial services, as indicated) and includes criteria for completion of court ordered treatment, and provides for monitoring of the person's compliance with the person-centered treatment plan.

- Operate the AOT program using procedures, activities, and safeguards that protect and uphold individuals' civil and other legal rights, as stipulated by federal and state statutes, including the need for legal representation and adequate due process protections. Applicants are required to state in Section C: Proposed Implementation Approach of the FOA how they will ensure that due process and civil rights will be protected in the AOT program.
- Provide case management services that support the person-centered treatment plan.
- Ensure appropriate referrals to medical and home- and community-based social service providers.
- Participate in a cross-site evaluation including data collection, training, meetings, and on-going collaboration with the cross-site evaluation team.
- Collect and share data with SAMHSA and the cross-site evaluation team, including individual baseline characteristics, information about the nature and intensity of services received, and treatment outcomes collected before, during, and after an individual's enrollment in the program. These treatment outcomes include health and social outcomes, such as rates of arrests and incarceration, health care utilization (including hospitalizations of any duration), substance abuse, homelessness, employment, and education, as well as consumer and family satisfaction with program participation.
- Evaluate the process for implementing AOT to ensure consistency with the individual's needs and state law.
- Engage participants and family members in the development, implementation, and evaluation of the AOT program.

**Allowable Activities:**

- Engage families and natural supports in the support process, including by providing family psycho-education service.
- Provide age, gender, and culturally and linguistically appropriate services.
- Enhance the array of evidence-based treatment and support systems.

- Collaborate and coordinate with area hospitals to ensure appropriate discharge planning and follow-up for individuals participating in the AOT program.
- Ensure needed staff training and development.
- Provide “wrap-around”/recovery support services (e.g., child care, vocational, educational and transportation services) designed to improve access and participation in services. [Note: Grant funds may be used to purchase such services from another provider.]

If your application is funded, you will be expected to develop a behavioral health disparities statement no later than 60 days after your award. In this statement, you must describe methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veteran Affairs Department or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition of recovery is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

## 2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

- Identify the existing home- and community-based, evidence-based practice(s) available in your local area for the specific population(s) of focus.
- Identify any community-based, evidence-based practice(s) you propose to enhance for the specific population(s) of focus.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

[Note: See PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See Appendix I of this document for additional information about using EBPs.

## **2.2 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. In addition, section 224 of the Protecting Access to Medicare Act that authorized the demonstration program, calls for evaluations of the impact of these grants on cost savings, public health outcomes such as mortality, suicide, substance abuse, utilization of services (including hospitalization), rates of incarceration and homelessness among participants, and consumer and family satisfaction with the program. You must document your ability to collect and report the required data in Section E: Data Collection and Performance Measurement of your application.

Applicants must collect data on AOT program participants for multiple purposes, including addressing the GPRA requirements referenced above, informing the cross-site evaluation, and conducting local evaluations that will be submitted to SAMHSA and incorporated into the cross-site evaluation. Data that are required to be collected include, but are not limited to, baseline characteristics, information about the nature and intensity of services received, and treatment outcomes, including health and social outcomes, such as rates of arrests and incarceration, health care utilization (including hospitalizations of any duration), substance abuse, homelessness, employment and education outcomes before, during, and after an individual's enrollment in the program, and consumer and family satisfaction with program participation.

Client data for program participants will be collected via **face-to-face** interviews over the course of the treatment episode, for example at baseline (i.e., the client's entry into the project), every six months depending on the length of mandated treatment, upon discharge, and six months after discharge. The optimal interval for data collection will be determined by the cross-site evaluation team. This information will be gathered using a uniform data collection tool provided by SAMHSA, and other data collection tools that may be developed by the cross-site evaluation contractor. Grantees will be required to submit data via SAMHSA's data-entry and reporting system; access will be provided upon award. The collection tool is available at: <https://www.cmhsgpra.samhsa.gov/>. All data must be entered into SAMHSA's data entry and reporting system within seven days of data collection. Grantees and sub-awardees will be provided extensive training on the system and its requirements as well as training on any additional data collection required for the cross-site evaluation, post award.

In addition to these measures, grantees will be expected to collect and report the following data:

- Recovery Measure Tool: This tool consists of twenty-one client-level questions in support of SAMHSA's Strategic Initiative on Recovery Support. These questions were selected to be consistent with SAMHSA's working definition of recovery and four guiding principles of recovery. This tool is currently undergoing OMB clearance. More information will be provided upon award.

The collection of these data will enable SAMHSA to report on key outcome measures relating to the grant program.

Grantees will be expected to report to SAMHSA semi-annually on their progress and performance on achieving the goals and objectives of the grant project (see Section 1.1 – Purpose). In addition, after grant operations have been established in FY 2016, annual reporting will be required for the cross-site evaluation to meet Congressional reporting requirements for FY's 2017-19.

Performance data will be reported to the public as part of SAMHSA's Congressional Justification and will be incorporated into the cross-site evaluation.

### **2.3 Local Performance Assessment and Evaluation**

Grantees must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted semi-annually. The assigned SAMHSA GPO and Grants Management Specialist will review the performance assessment report and provide feedback on the extent to which progress is consistent with the stated goals of the application and requirements of this FOA.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

*Outcome Questions:*

- What was the effect of the intervention on key outcome goals?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity?

- What other factors were associated with outcomes, including diagnosis and clinical symptoms, appropriateness of the treatment plan, compliance with the treatment regimen, experience of care, length of court order, intensity of service provision, case management services, and family support?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes during each 6-month data collection interval?

*Process Questions:*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address the use of the National CLAS Standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?
- How was person-centered treatment planning achieved?
- What strategies have been developed for continuing the program after the grant program ends?

In addition, grantees are expected to collect and report the following data for a local evaluation:

- Cost savings and public health outcomes such as mortality, suicide, substance abuse, hospitalization, and use of services.
- Rates of incarceration by participants.

- Rates of homelessness experienced by participants.
- Rates of employment and education outcomes achieved by participants.
- Participant and family satisfaction with program participation.

#### **Cross-Site Evaluation**

Grantees must participate in the AOT cross-site evaluation. The cross-site evaluation will evaluate the grant programs regarding desired public health outcomes and cost savings. Data to be collected and evaluated include the data described above that will be collected for the local evaluations, demographic data (e.g., age, race, gender), symptoms and clinical outcomes across time points, information about the locality where AOT is being introduced (i.e., availability and access to specific types of services), number of AOT petitions filed by category of filers, number of AOT petitions granted, and number of AOT petitions filed against an individual previously subject to an AOT order.

ASPE, in collaboration and consultation with partners from NIMH and SAMHSA, will manage cross-site data collection and analyses, determine data elements and design options, and develop cross-site evaluation products.

Grantee participation in the cross-site evaluation will entail activities such as, but not limited to, participating in technical assistance and training webinars or phone calls, data collection, sharing of existing information, and participating in systems assessments (this might include key grantee staff, key partners, individuals who receive services, and other appropriate individuals).

No more than 20 percent of the total grant award may be used for data collection, performance measurement, performance assessment, and evaluation, e.g., activities required in Sections 1-2.2 and 2.3 above.

#### **2.4 Infrastructure Development (maximum 60 percent of total grant award)**

Infrastructure is critical to the AOT grant program. You may use up to 60 percent of the total grant award as necessary to support the AOT grant program. Describe your use of grant funds for these activities in Section A of the Project Narrative. Examples of infrastructure activities include:

- Developing partnerships with courts and other service providers for service delivery.
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage

client needs, care process, integration with related support services, and outcomes.

- Training/ workforce development to help court staff or other providers in the community provide effective services consistent with the purpose of the grant program.
- Supporting staff positions to oversee and monitor the AOT participants.
- Supporting case management positions to ensure linkage to appropriate services based on the approved treatment plan.
- Providing for court costs, including legal representation.

## 2.5 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one grantee meeting in every other year of the grant. Grantee meetings will likely be held in 2017 and 2019. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## II. AWARD INFORMATION

**Funding Mechanism:** Grant

**Anticipated Total Available Funding:** \$13,250,000

**Estimated Number of Awards:** Up to 15 awards

**Estimated Award Amount:** Up to \$1 million

**Length of Project Period:** Up to four years

**Proposed budgets may not exceed the amount listed in the tier chart below in total costs (direct and indirect) in any year of the proposed project.** The amount of each grant will be determined based on the population of the area, including the estimated number of individuals to be served under the grant. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

**AOT Tiers Based on the Population of the Area and Estimated Number of Individuals to Be Served**

	<b>Award Tiers</b>	<b>Maximum Annual Award Amount</b>
Tier 1	Population of service area is <u>less</u> than 500,000. Grantees will be expected to serve a minimum of 75 individuals annually.	\$700,000
Tier 2	Population of service area is <u>more</u> than 500,000. Grantees will be expected to serve a minimum of 100 individuals annually.	\$1,000,000

**III. ELIGIBILITY INFORMATION**

**1. ELIGIBLE APPLICANTS**

Consistent with authorizing language, eligible applicants are: states, counties, cities, mental health systems (including state mental health authorities), mental health courts, or any other entity with authority under the law of the state in which the applicant grantee is located to implement, monitor, and oversee AOT programs.

Applicants must operate in jurisdictions that have in place an existing, sufficient array of services for people with SMI such as ACT, mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management, and trauma-informed care.

**2. COST SHARING and MATCH REQUIREMENTS**

Cost sharing/match is not required in this program.

**3. EVIDENCE OF EXPERIENCE AND CREDENTIALS**

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client (e.g., substance abuse treatment, substance abuse prevention, mental health) home- and community-based services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each mental health/substance abuse treatment provider organization must have at least two years' experience (as of the due date of the application) providing relevant services, including mental health case management (official documents must establish that the organization has provided relevant services for the last two years); and
- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation and certification requirements, as of the due date of the application.

**[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Documentation of accreditation will not be accepted in lieu of an organization's license. Eligible tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See Appendix II, Statement of Assurance, in this document.]**

Following application review, if your application's score is within the funding range, the government project officer (GPO) may contact you to request that additional documentation (see Appendix II, Statement of Assurance) be sent by email, or to verify that the documentation you submitted is complete.

**If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.**

## **IV. APPLICATION AND SUBMISSION INFORMATION**

In addition to the application and submission language discussed in **PART II: Section I**, you must include the following in your application:

### **1. ADDITIONAL REQUIRED APPLICATION COMPONENTS**

- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix IV of this document. **It is highly recommended that you use the sample budget format in Appendix IV. This will expedite review of your application.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information of this document.

The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F and G. Additional instructions for completing these sections and page limitations for Biographical Sketches/Job Descriptions are included in PART II-IV: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)
- Applicants for this program are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form is posted on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>.

- **Attachments 1 through 5**– Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, and 4 combined. There are no page limitations for Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

- **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse home- and community-based treatment provider organization; (2) a list of all direct home- and community-based service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations; (**Do not include any letters of support. Reviewers will not consider them if you do.**) (4) the Statement of Assurance (provided in Appendix II of this announcement) signed by the authorized representative of the applicant organization

identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).
- **Attachment 5:** A letter from the state or county indicating that the proposed project addresses a state- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on June16, 2016.

## 3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 60 percent of the total grant award may be used for developing the infrastructure necessary for establishment and implementation of an AOT program.
- No more than 20 percent of the grant funds can be used for expansion of treatment and support services.
- No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

Be sure to identify these expenses in your proposed budget.

**SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.**

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. You must indicate the Section letter and number in your response or your application will be screened out, i.e., type “A-1”, “A-2”, etc. **The section letter and number must be inserted before the response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. Only information included in the appropriate numbered question will be considered by reviewers. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section IV and Appendix E).
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

#### Section A: Population of Focus and Statement of Need (15 points)

1. Provide a comprehensive demographic profile of the population in your local area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, history of incarceration, homelessness, and socioeconomic status.
2. Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for AOT programming for the population identified in your response to question A.1. To the extent available, use local data to describe need and service gaps, supplemented with state and/or national data. Identify the source of the data.

3. If you plan to use grant funds for infrastructure development, describe the infrastructure changes you plan to implement and how they will enhance/improve access, service use, and outcomes for the population of focus. If you do not plan to use grant funds for infrastructure development, indicate so in your response.

**Section B: Proposed Evidence-Based Service/Practice (25 points)**

1. Describe the purpose of the proposed project, including its goals and measurable objectives. These must relate to the intent of the FOA and Performance Measures you identify in Section E: Data Collection and Performance Measurement.
2. Describe the evidence-based practice(s) (EBPs) that will be used to implement the proposed AOT program. Document how each EBP chosen is appropriate for the outcomes you want to achieve. Justify the use of each EBP for your population of focus. Explain how the chosen EBP(s) meet SAMHSA's goals for this program.
3. If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.
4. Explain how your choice of an EBP or practice will help you address disparities in service access, use, and outcomes for your population(s) of focus.
5. If applicable, describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary. If no modifications will be made to the EBP or practice, indicate so in your response.
6. Explain how you will monitor the delivery of the EBPs to ensure that they are implemented with fidelity according to the EBP guidelines.

**Section C: Proposed Implementation Approach (30 points)**

1. Provide a chart or graph depicting a realistic timeline for the entire four years of the project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in Section I-2: Expectations. Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
2. Describe how the key activities in your timeline will be implemented.

3. Describe the existing, sufficient array of services for individuals with SMI that you or others in your jurisdiction offer.
4. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element of each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.
5. Describe the process for how you will screen and assess individuals with SMI for appropriateness for the AOT program in consultation with the court system, and use the information obtained from the screening and assessment to develop appropriate treatment approaches.
6. Describe how the AOT program has the potential to reduce hospitalization, homelessness, incarceration, and interaction with the criminal justice system, while improving the health and social outcomes of individuals participating in the program.
7. Describe how you will identify and assess the population(s) of focus. Discuss how the proposed approach to identify and assess the population(s) of focus considers the language, beliefs, norms, values, and socioeconomic factors of this/these population(s).
8. Describe how you will evaluate the medical and social needs of individuals participating in the program.
9. Describe how you will prepare and execute evidence-based, person-centered treatment plans that include criteria for completion of court ordered treatment (see [Section I-2: Expectations](#)) for individuals participating in the program.
10. Describe how you will monitor compliance with the treatment plan, including compliance with medication and other treatment regimes.
11. Describe how you will provide case management services that support the treatment plan.
12. Describe how you will ensure appropriate referrals to medical and social service providers.
13. Describe the activities and efforts your program will employ to protect and respect the due process and civil rights of participants, as stipulated by state and federal statutes.

14. Describe the allowable activities (see Section I-2) to be included in the project and provide a rationale as to how these activities were chosen and will be integrated.

15. Identify any other organization(s) that will partner in the proposed project in a significant way. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including Letters of Commitment from each partner in **Attachment 1** of your application.

16. Describe the population of the area and state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Explain how you arrived at this number and that it is reasonable given your budget request. You are required to include the numbers to be served by race, ethnicity, gender (including transgender populations), and sexual orientation.

17. Provide a per-unit cost for this program. Justify that this per-unit cost is reasonable and will provide high-quality services that are cost effective.

[NOTE: One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20 percent for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved.]

**Section D: Staff and Organizational Experience (10 points)**

1. Discuss the capability and experience of the applicant organization with similar projects and populations.
2. Demonstrate that the applicant organization has linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
3. Discuss the capability and experience of other partnering organizations with similar projects and populations.
4. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of

effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and key staff.

5. Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). If key staff are to be hired, discuss the credentials and experience the new staff must possess to work effectively with the population of focus.

**Section E: Data Collection and Performance Measurement (20 points)**

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this FOA.
2. Describe how you will evaluate the process for implementing the program to ensure consistency with the patient's needs and state and federal laws.
3. Describe how you will measure treatment outcomes, including health and social outcomes, such as rates of arrest and incarceration, health care utilization, and homelessness.
4. Describe your specific plan for:
  - data collection,
  - management,
  - analysis, and
  - reporting.

The data collection plan must specify the staff person(s) responsible for tracking the measurable objectives that are identified in your response to question B1.

5. Describe your plan for conducting the local performance assessment, as specified in Section I-2.3 of this FOA, and document your ability to conduct the assessment.
6. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

**NOTE:** Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

**Budget Justification, Existing Resources, Other Support (other federal and non-federal sources)**

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in Appendix IV - Sample Budget and Justification, of this document. **It is highly recommended that you use the Sample Budget format in Appendix IV. This will expedite review of your application.**

Be sure that your proposed budget reflects the funding limitations/restrictions specified in Section IV-3. **Specifically identify the items associated with these costs in your budget.**

**The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)**

**SUPPORTING DOCUMENTATION**

**Section F: Biographical Sketches and Job Descriptions**

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

**Section G: Confidentiality and SAMHSA Participant Protection/Human Subjects**

You must describe procedures relating to Confidentiality, Participant Protection, and the Protection of Human Subjects Regulations in Section G of your application. See Appendix III of this document for guidelines on these requirements.

**2. REVIEW AND SELECTION PROCESS**

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Mental Health Services' National Advisory Council; and
- availability of funds.

## **VI. ADMINISTRATION INFORMATION**

### **1. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. Grantees will be expected to submit progress reports semi-annually.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Mariam Chase  
Community Support Programs Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
240-276-1904  
[mariam.chase@samhsa.hhs.gov](mailto:mariam.chase@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

Gwendolyn Simpson  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
(240) 276-1408  
[FOACMHHS@samhsa.hhs.gov](mailto:FOACMHHS@samhsa.hhs.gov)

## Appendix I – Using Evidence-Based Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain practices for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other practices that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with a practice that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.
- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose these evidence-based practice(s) over other evidence-based practices.
- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

### **Resources for Evidence-Based Practices:**

You will find information on evidence-based practices at <http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library>. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Resource Library* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

In addition to the website noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

[Note: Please see PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

## Appendix II – Statement of Assurance

As the authorized representative of *[insert name of applicant organization]*, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. I assure SAMHSA that my organization has the authority under the law of the state to implement, monitor, and oversee an Assisted Outpatient Treatment program. I assure SAMHSA that my organization has **not** previously fully implemented an AOT program. "Not previously implemented" means that even though the state may have an AOT law, the eligible applicant has not fully implemented the AOT approach through the courts within the jurisdiction that they are operating in. I assure that the AOT program is using procedures, activities, and safeguards that protect and respect individuals civil and other legal rights, as stipulated by federal and state statute including legal representation and adequate due process and protections.

I assure SAMHSA that there are an existing, sufficient array of services for individuals with SMI and that individuals considered for the AOT program were offered intensive, voluntary home- and community-based services – including via person-centered planning approaches - when permitted by state law, prior to their consideration for the AOT program.

If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- Official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last two years; and
- Official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>1</sup> (Official documentation is a copy of each service provider organization's license.

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<sup>1</sup> Tribes and tribal organizations are exempt from these requirements.

accreditation and certification. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- For tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## **Appendix III – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines**

### **Confidentiality and Participant Protection:**

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled "Protection of Human Subjects Regulations" to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

#### **1. Protect Clients and Staff from Potential Risks**

- Identify and describe any foreseeable physical, medical, psychological, social and legal risks or potential adverse effects as a result of the project itself or any data collection activity, including specimen collection and examination results.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

#### **2. Selection of Individuals to receive AOT**

- Explain the reasons for including or excluding individuals to receive AOT
- Explain how you will identify and select individuals to receive AOT. Identify who will select individuals to receive AOT.

### 3. Absence of Coercion in Program Data Collection

- Explain if participation in the data collection project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation in the data collection. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$30.
- State how volunteer participants in data collection efforts will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., interviews, psychological assessments, questionnaires, observation or other sources, Medicaid claims). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made, and explain why specimen collection is necessary. Also, if needed, describe how the material will be monitored to ensure the safety of participants, the process to be followed for specimen collection, and limitations on the use of examination results, including restrictions on sharing results with law enforcement agencies.
- Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

## 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

**NOTE:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

## 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - The legal statute authorizing AOT and the basis of their assignment to AOT.
  - Criteria for discharge from AOT, as well as legal rights to appeal their assignment to AOT.
  - Possible risks from participation in the project. Plans to protect clients from these risks.

## 7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

## **Protection of Human Subjects Regulations**

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires

Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp> or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

## Appendix IV – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD

**A. Personnel:** Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

### FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			<b>TOTAL</b>	<b>\$52,765</b>

### JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

**Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form S-424A)     **\$52,765**

**B. Fringe Benefits:** List all components that make up the fringe benefits rate

**FEDERAL REQUEST**

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		<b>TOTAL</b>	<b>\$10,896</b>

**JUSTIFICATION: Fringe reflects current rate for agency.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF-424A) \$10,896

**C. Travel:** Explain need for all travel other than that required by this application. Applicants must use their own documented travel policies. If an organization does not have documented travel policies, the federal GSA rates must be used.

**FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles@.38/mile	\$1,140
			<b>TOTAL</b>	<b>\$2,444</b>

**JUSTIFICATION: Describe the purpose of travel and how costs were determined.**

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF-424A) **\$2,444**

**D. Equipment:** An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition). Organizations should follow their documented capitalization policy thresholds.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

**E. Supplies:** Materials costing less than \$5,000 per unit (federal definition) and often having one-time use

**FEDERAL REQUEST**

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	<b>TOTAL</b>	<b>\$3,796</b>

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6e of form SF-424A) **\$ 3,796**

**F. Contract:** A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

**COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.**

**FEDERAL REQUEST**

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			<b>TOTAL</b>	<b>\$86,997</b>

**JUSTIFICATION:** Explain the need for each contractual agreement and how it relates to the overall project.

- (1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

- (2) Treatment services for clients to be served based on organizational history of expenses.
- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

**\*Represents separate/distinct requested funds by cost category**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6f of form SF-424A) **\$86,997**

**G. Construction: NOT ALLOWED** – Leave Section B columns 1& 2 line 6g on SF-424A blank.

**H. Other:** Expenses not covered in any of the previous budget categories

**FEDERAL REQUEST**

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	<b>TOTAL</b>	<b>\$15,815</b>

**JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.**

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

\*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.

(2) The monthly telephone costs reflect the percent of effort for the personnel listed in this application for the SAMHSA project only.

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

**FEDERAL REQUEST** – (enter in Section B column 1 line 6h of form SF-424A) **\$15,815**

**Indirect Cost Rate:** Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <https://rates.psc.gov/fms/dca/map1.html>.

**Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If an organization has a federally approved rate of 10%, the approved rate would prevail.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF-424A)

8% of personnel and fringe (**.08 x \$63,661**)

**\$5,093**

=====

TOTAL DIRECT CHARGES:

**FEDERAL REQUEST** – (enter in Section B column 1 line 6i of form SF-424A) \$172,713

INDIRECT CHARGES:

**FEDERAL REQUEST** – (enter in Section B column 1 line 6j of form SF-424A) \$5,093

**TOTAL: (sum of 6i and 6j)**

**FEDERAL REQUEST –** (enter in Section B column 1 line 6k of form SF-424A)  
**\$177,806**

=====  
 Provide the total proposed project period and federal funding as follows:

**Proposed Project Period**

- a. Start Date: 09/30/2012      b. End Date: 09/29/2017

**BUDGET SUMMARY** (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$172,241	\$172,074	\$861,991
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
<b>Total Project Costs</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$889,030</b>

**TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs**

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF-424A) **\$889,030**

**\*FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

**IN THIS SECTION, REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.**

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see PART II: Appendix D, Funding Restrictions, regarding allowable costs.]

**IN THIS SECTION**, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement and performance assessment. **Be sure the budget reflects the funding restrictions in Section IV-3 of the FOA Part I: Programmatic Guidance.**

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Personnel	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$11,250
Fringe	\$558	\$558	\$558	\$558	\$558	\$2,790
Travel	0	0	0	0	0	0
Equipment	\$15,000	0	0	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$1,575	\$1,575	\$7,875
Contractual	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000
Other	\$1,617	\$2,375	\$2,375	\$2,375	\$2,375	\$11,117
Total Direct Charges	\$6,000	\$11,758	\$11,758	\$11,758	\$11,758	<b>\$53,072</b>

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Indirect Charges	\$750	\$750	\$750	\$750	\$750	\$3,750
<b>Total Infrastructure Costs</b>	<b>\$6750</b>	<b>\$12,508</b>	<b>\$12,508</b>	<b>\$12,508</b>	<b>\$12,508</b>	<b>\$56,782</b>

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Data Collection & Performance Measurement Costs
Personnel	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$33,500
Fringe	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	\$12,000
Travel	\$100	\$100	\$100	\$100	\$100	\$500
Equipment	0	0	0	0	0	0
Supplies	\$750	\$750	\$750	\$750	\$750	\$3,750
Contractual	\$24,950	\$24,950	\$24,950	\$24,950	\$24,950	\$124,750
Other	0	0	0	0	0	0
Total Direct Charges	\$34,300	\$34,300	\$34,300	\$34,300	\$34,300	\$171,500
Indirect Charges	\$698	\$698	\$698	\$698	\$698	\$3,490
<b>Data Collection &amp; Performance Measurement</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$174,500</b>

**Department of Health and Human Services  
Substance Abuse and Mental Health Services  
Administration**

**FY 2016 Funding Opportunity Announcement  
(FOA): PART II**

**General Policies and Procedures Applicable to all  
SAMHSA Applications for Discretionary Grants and  
Cooperative Agreements**

[Note to Applicants: This document must be used in conjunction with SAMHSA's "Funding Opportunity Announcement: PART I – Programmatic Guidance". PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You must use both documents in preparing your application.]

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# I. APPLICATION SUBMISSION INFORMATION

## 1. APPLICATION REQUIREMENTS

You must comply with the following three requirements, or your application will be screened out and will not be reviewed:

- Use of the SF-424 application form and Budget Information form SF-424A;
- Application submission requirements below; and
- Formatting requirements provided in Appendix A of this document.

## 2. SUBMISSION REQUIREMENTS

You must go to both Grants.gov (<http://www.Grants.gov>) and the SAMHSA website (<http://www.samhsa.gov/grants/applying>) to download the required documents you will need to apply for a SAMHSA grant.

**Your application must be submitted through <http://www.Grants.gov>.** Please refer to Appendix B – Guidance for Electronic Submission of Applications, of this document.

### Grants.gov

How to Download Forms from Grants.gov (see Appendix B for information on applying through Grants.gov)

To view and/or download the required application forms, you must first search for the appropriate funding announcement number (called the opportunity number).

On the Grants.gov site (<http://www.Grants.gov>), select the 'Apply for Grants' option from the 'Applicants' Tab at the top of the screen. You will be directed to the 'Apply for Grants' page. Download both the Application Instruction and Application Package on the 'Apply for Grants' page. Click on the 'Get Application Package' tab located on the right of the Grants.gov 'Apply for Grants' page. You will be directed to the 'Get Application Package Now' page where you will search for the appropriate funding announcement number (called the funding opportunity number) or the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of the Funding Opportunity Announcement (FOA): PART I. Additional information on the application download process also is available on this page.

You can view, print, or save all the forms in the Application Package and then complete them for electronic submission to Grants.gov. Completed forms also can be saved and printed for your records. These required forms include:

- Application for Federal Assistance (SF-424);
- Budget Information – Non-Construction Programs (SF-424A);
- Project/Performance Site Location(s) Form;
- Disclosure of Lobbying Activities; and
- Checklist

### **SAMHSA's Grants Website**

You will find additional materials you will need to complete your application on SAMHSA's website (<http://www.samhsa.gov/grants/applying>). These include:

- Funding Opportunity Announcement (FOA): PART I – Programmatic Guidance: Provides a description and requirements of the program, specific information about the availability of funds, and instructions for completing the grant application;
- Funding Opportunity Announcement (FOA): PART II – General Policies and Procedures: Provides requirements common to all SAMHSA grants. This document is the Funding Opportunity Announcement (FOA): PART II;
- Assurances – Non-Construction Programs;
- Certifications;
- HHS 690 Form;
- Charitable Choice Form SMA 170; and

See Section IV-1 of the Funding Opportunity Announcement (FOA): PART I, to determine if you are required to submit Charitable Choice Form SMA 170. If you are, you can upload this form to Grants.gov when you submit your application.

### **3. REQUIRED APPLICATION COMPONENTS**

Applications must include the following 9 required application components:

- **Application for Federal Assistance (SF-424)** – This form must be completed by applicants for all SAMHSA grants. [Note: Applicants must provide a DUN and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the first page of the application. Obtaining a DUNS number

is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at <http://www.dnb.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you must be registered in the System for Award Management (SAM). **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations).** **The DUNS number you use on your application must be registered and active in the SAM. To create a user account, Register/Update an entity and/or Search Records, go to <https://www.sam.gov>.]**

[NOTE: If an applicant's SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as a new account requires. This can take up to one month. It is highly recommended that applicants renew their accounts prior to the expiration date. The account update process takes only 24-48 hours.]

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form is available at <http://www.Grants.gov>.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked 'I Agree'** before signing the first page (SF-424) of the application. **Applicants for programs offering substance abuse prevention or treatment services are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170.** This form is posted on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms->

resources. (See Funding Opportunity Announcement (FOA): PART I – Section IV-1, to determine if you are required to submit this form.)

- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked 'I Agree'** before signing the first page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.

- **HHS Checklist** – The HHS Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new, noncompeting continuation, competing continuation or supplemental application, as well as Parts A through D. All SAMHSA Notices of Award (NoAs) will be electronically mailed to the Business Official's email address identified on the HHS Checklist form submitted with the application.

- **Documentation of nonprofit status** as required in the HHS Checklist.

#### 4. APPLICATION FORMATTING REQUIREMENTS

Please refer to **Appendix A, Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications**, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

## II. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See **Appendix C** for additional information on these requirements as well as requirements for the Public Health Impact Statement.

### **III. FUNDING LIMITATIONS/RESTRICTIONS**

HHS has adopted the Office of Management and Budget (OMB) Guidance in 2 CFR Part 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, and has codified the text, with HHS-specific amendments, in 45 CFR Part 75. The standards set forth in 45 CFR Part 75, became effective for awards made after December 26, 2014. Cost principles describing allowable and unallowable expenditures for HHS grantees are provided in 45 CFR Part 75, which is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.

**SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in Appendix D of this document.**

### **IV. SUPPORTING DOCUMENTATION**

#### **1. BIOGRAPHICAL SKETCHES AND JOB DESCRIPTIONS**

- Include position descriptions for the Project Director and all key personnel. Position descriptions should be no longer than 1 page each.
- For staff who have been identified, include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. Reviewers will not consider information past page 2.
- Information on what you should include in your biographical sketches and job descriptions can be found in Appendix E of this document.

#### **2. CONFIDENTIALITY AND SAMHSA PARTICIPANT PROTECTION/HUMAN SUBJECTS**

See Funding Opportunity Announcement (FOA): PART I – Section V-1, to determine if you are required to describe procedures relating to confidentiality, participant protection and the protection of human subjects regulations.

### **V. ADMINISTRATION INFORMATION**

#### **1. AWARD NOTICES**

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, a Notice of Award (NoA) will be electronically mailed to the Business Official's email address identified on the HHS Checklist form submitted with the application. Hard copies of the NoA will no longer be mailed via postal service. The NoA is the sole obligating document that allows you to receive federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

## **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 75. For more information see the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation;
  - requirements to address problems identified in review of the application; or
  - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>. The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. Please see <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>; and <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>. Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html> or call 1-800-368-1019 or TDD 1-800-537-7697. Also note it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
- A special term of award may be included in the final NoA that states: "On June 26, 2013, in United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex marriages, was unconstitutional. As a result of that decision and consistent with HHS policy, SAMHSA recognizes same-sex marriages and same-sex spouses on equal terms with opposite sex-marriages and opposite-sex spouses, regardless of where the couple resides. On June 26, 2015, in Obergefell v. Hodges, the Court held that the Fourteenth Amendment requires a State to license a marriage between two people of the same sex and to recognize a marriage between two people of the same sex when their marriage was lawfully licensed and performed out-of-state. Consistent with both of these decisions, you must treat as valid the marriages of same- sex couples. This policy does not apply to registered domestic partnerships, civil unions or similar

formal relationships recognized under state law as something other than a marriage.”

- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.
- A term may be added to the NoA which states: “ Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

SAMHSA  
Attention: Office of Financial Advisory Services  
5600 Fishers Lane  
Rockville, MD 20857

**AND**

U.S. Department of Health and  
Human Services Office of  
Inspector General  
ATTN: Mandatory Grant Disclosures, Intake  
Coordinator 330 Independence Avenue, SW,  
Cohen Building  
Room 5527  
Washington, DC 20201

Fax: (202) 205-0604 (Include “Mandatory Grant Disclosures” in subject line) or  
email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

- Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).”
- A term may be added to the NoA that states: “In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75,

recipients that have currently active federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000, must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award that reached final disposition within the most recent five-year period. The recipient also must make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Award Performance and Integrity Information System (FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75."

### **3. Publications**

Grantees are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication. In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

## Appendix A – Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.**

- Use the SF-424 Application form and Budget Information form SF-424A.
- Applications must be received by the application due date and time, as detailed in Section IV-2 of the Funding Opportunity Announcement (FOA): PART I.
- You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.
- Information provided must be sufficient for review.
  - Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. **You may use Times New Roman 10 only for charts or tables.** (See additional requirements in Appendix B – Guidance for Electronic Submission of Applications, in this document.)
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

*To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.*

- Applications should comply with the following requirements:
  - If applicable, provisions relating to confidentiality and participant protection/human subjects specified in the Funding Opportunity Announcement (FOA): PART I – Section V-1.
  - Budgetary limitations as specified in Sections I, II, and IV-3 of the Funding Opportunity Announcement (FOA): PART I.

- Documentation of nonprofit status as required in the Checklist.
- Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and will not be sent to peer reviewers.**
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of the SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in Section IV-1 of the Funding Opportunity Announcement (FOA): PART I, should not be exceeded.

## Appendix B – Guidance for Electronic Submission of Applications

SAMHSA discretionary grant applications must be submitted electronically through Grants.gov. **SAMHSA will not accept paper applications**, except when a waiver of this requirement is approved by SAMHSA. The process for applying for a waiver is described later in this appendix.

You must review all information provided on Grants.gov before submitting your application. **The information on Grants.gov supersedes any guidance provided by SAMHSA in this appendix.**

If this is the first time you have submitted an application through Grants.gov, you must complete **three separate registration processes** before you can submit your application. Allow at least two weeks (10 business days) for these registration processes; prior to submitting your application. The processes are:

1. DUNS Number registration:

**The DUNS number you use on your application must be registered and active in the System for Award Management (SAM).**

2. SAM registration:

The SAM is a federal government owned and operated free website.

**SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject electronic submissions from applicants with expired registrations. To Create a user account, Register/Update entity and/or Search Records, go to <https://www.sam.gov>.**

**[NOTE: If an applicant's SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as a new account requires. This can take up to one month. It is highly recommended that applicants renew their accounts prior to the expiration date. The account update process takes only 24-48 hours.]**

You will find a **Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM** at [https://www.sam.gov/sam/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf).

3. Grants.gov Registration (get username and password):

Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (first page). See the Organization Registration User Guide for details at the following Grants.gov link:  
<http://www.grants.gov/web/grants/applicants/organization-registration.html>.

You can find additional information about the Grants.gov process at <http://www.grants.gov/web/grants/outreach/grantsgov-training.html>.

To submit your application electronically, you may search <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of the Funding Opportunity Announcement (FOA): PART I.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: [support@Grants.gov](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application, you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov within the next 24-48 hours. One will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. It is important that you retain this tracking number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.** Please note that it is incumbent on the applicant to monitor your application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

If you experience issues/problems with electronic submission of your application through Grants.gov, contact the Grants.gov helpdesk by email at [support@grants.gov](mailto:support@grants.gov)

or by phone at 1-800-518-4726 (1-800-518-GRANTS). **Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.** It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your application. Grants.gov will reject applications submitted after **11:59 PM** on the application due date. SAMHSA strongly encourages all prospective applicants to sign up for Grants.gov email notifications regarding this FOA. If the FOA is cancelled or modified, individuals who sign up with Grants.gov for updates will be automatically notified.

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit an electronic application.

If SAMHSA does not receive your application through Grants.gov by the application due date due to a failure in the SAM or Grants.gov system, you must contact the Division of Grants Review within **one business day after the official due date** and provide the following:

- A case number or email from SAM or Grants.gov that allows SAMHSA to obtain documentation from the respective entity for the cause of the error.

SAMHSA will consider the documentation to determine **if** the applicant followed Grants.gov requirements and instructions, met the deadlines for processing paperwork within the recommended time limits, met FOA requirements for submission of electronic applications, and made no errors that caused submission through Grants.gov to fail. No exceptions for submission are allowed when user error is involved. Please note that system errors are extremely rare.

You must submit all documentation by email within **one business day** after the application due date has expired to:

Christopher Craft, Director of Grant Review  
Substance Abuse and Mental Health Services Administration  
email: [christopher.craft@samhsa.hhs.gov](mailto:christopher.craft@samhsa.hhs.gov)

**It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format.** If you do not have access to Adobe software, you may submit in Microsoft Office 2007/2010 products (e.g., Microsoft Word 2007/2010, Microsoft Excel 2007/2010, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007/2010 may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, only the four files will be downloaded and considered in the peer review of applications.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and all the sections of the Project Narrative in Section V-1 of the Funding Opportunity Announcement (FOA): Part I, in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation in Section V-1 of Funding Opportunity Announcement (FOA): Part I, lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments in Section IV-1 of the Funding Opportunity Announcement (FOA): Part I, numbered consecutively.

If you have documentation that does not pertain to any of the 4 listed attachment files, include that documentation in Other Attachment File 2.

**Other Grants.gov Requirements**

**Allowable characters**

Characters	Special Characters		
Upper case A – Z	Parentheses ( )	Curly braces { }	Square brackets [ ]
Lower case a – z	Ampersand &	Tilde ~	Exclamation point !
Underscore _	Comma ,	Semicolon ;	Apostrophe ‘
Hyphen –	At sign @	Number sign #	Dollar sign \$
Space	Percent sign %	Plus sign +	Equal sign =
Period .	Ampersand in XML must use the &amp; format.		

**If your application uses any other characters than those above when naming your attachment files, your application will be rejected by Grants.gov.**

**Do not use special characters in file names, such as parenthesis ( ), #, ©, etc.**

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type will result in a larger file size, which could result in rejection of your application.

### **Waiver Request Process**

Applicants may request a waiver of the requirement for electronic submission if they are unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

**All applicants must register in the SAM and Grants.gov, even those who intend to request a waiver.** If you do not have an active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. Registration is necessary to ensure that information required for paper submission is available and that the applicant is ready to submit electronically if the waiver is denied. (See directions for registering in SAM and on Grants.gov above.)

A written waiver request must be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of the Funding Opportunity Announcement (FOA): PART I. The request must be either e-mailed to [DGR.Waivers@samhsa.hhs.gov](mailto:DGR.Waivers@samhsa.hhs.gov), or mailed to:

Christopher Craft, Director of Grant Review  
Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
Room 17E06  
5600 Fishers Lane  
Rockville, MD 20857

**Applicants are encouraged to request a waiver by e-mail, when possible.** When requesting a waiver, the following information must be included:

- SAMHSA FOA title and announcement number;
- Name, address, and telephone number of the applicant organization as they will appear in the application;
- Applicant organization's DUNS number;
- Authorized Organization Representative (AOR) for the named applicant;

- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver; and
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application must be submitted. (See instructions for submitting a paper application below.) SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization must be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval must be included as the cover page of the paper application and the application must be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval must be included as the cover page of each paper application. The organization and DUNS number named in the waiver and any subsequent application must be identical.

**A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.**

**Instructions for Submitting a Paper Application with a Waiver**

Paper submissions are due by **5:00 PM** on the application due date stated on the cover page of the Funding Opportunity Announcement (FOA): Part I. **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

**Note: If you use the USPS, you must use Express Mail.**

**SAMHSA will not accept or consider any applications that are sent by e-mail or facsimile or hand carried.**

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

**For United States Postal Service:**

Christopher Craft, Director of Grant Review  
Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
Room 17E06  
5600 Fishers Lane  
Rockville, MD 20857

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include the **short title of the program and the FOA #** (available on the cover page of the Funding Opportunity Announcement (FOA): Part I) in item number 12 on the first page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

**Your application must be received by the application deadline or it will not be considered for review.** Please remember that mail sent to federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

- Application for Federal Assistance (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)

- HHS Checklist – the HHS Checklist should be the last page of your application.
- Documentation of nonprofit status as required in the HHS Checklist

Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments, such as posters, will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Black print should be used throughout your application, including charts and graphs (no color). Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and will not be sent to peer reviewers.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

## Appendix C – Intergovernmental Review (E.O. 12372) Requirements

### States with SPOCs

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs can be downloaded from the Office of Management and Budget (OMB) website at [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc).

- Check the list to determine whether your state participates in this program. You do not need to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process.
- For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.
- The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline: Christopher Craft, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 17E06, 5600 Fishers Lane, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. (*insert the FOA # here*).

### States without SPOCs

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)<sup>1</sup>

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<sup>1</sup> Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the first page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the first page of the application (SF-424); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse and the SSAs for mental health can be found on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

Review the Funding Opportunity Announcement (FOA): Part I, Section IV-1, carefully to determine if you must include an attachment with a copy of a letter transmitting the PHSIS to the SSA. The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address: Christopher Craft, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 17E06, 5600 Fishers Lane, Rockville, MD 20857. ATTN: SSA – Funding Announcement No. (*insert the FOA # here*).

In addition:

- Applicants may request that the SSA send them a copy of any state comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

## Appendix D – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that

is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.
- Outside individuals or companies that prepare or participate in the preparation of grant applications may not be contractors on those grants per 45 CFR 75.328, which addresses full and open competition.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

## Appendix E – Biographical Sketches and Job Descriptions

### Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

### Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week